I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

OWNER

Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATHAN COHEN

Current Principal Place of Business: 3248 LITHIA PINECREST RD

Entity Name: AQUATIC DISTRIBUTION LLC.

STE 101 VALRICO, FL 33596

Current Mailing Address:

3248 LITHIA PINECREST RD

FEI Number: 83-2201808

Name and Address of Current Registered Agent:

COHEN, NATHAN 2227 VALTERRA VISTA WAY VALRICO, FL 33594 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	COHEN, NATHAN	Name	COHEN, IDA
Address	2227 VALTERRA VISTA WAY	Address	2227 VALTERRA VISTA WAY
City-State-Zip:	VALRICO FL 33595	City-State-Zip:	VALRICO FL 33594

STE 101 VALRICO, FL 33596 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000199028

Certificate of Status Desired: No

Date

04/10/2019 Date